### Florida Department of State

Division of Corporations Public Access System

### Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H07000107653 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number

: (850)205-0393

From:

Account Name

: GREENSPOON MARDER, P.A

Account Number : 076064003722 Phone

: (407)422-65B3

Fax Number

: (954)343-6962

ORIDA/FOREIGN LIMITED LIABILITY CO.

FITNESS NUTRITION, LLC

AL.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

# ARTICLES OF ORGANIZATION OF FITNESS NUTRITION, LLC

#### ARTICLE I - Name:

The name of the Limited Liability Company is Fitness Nutrition, LLC.

#### ARTICLE II - Duration:

The period of duration for the Limited Liability Company shall begin with the filing of these Articles with the Florida Department of State, and shall exist perpetually, unless sooner dissolved in accordance with the Operating Agreement of the Limited Liability Company or Florida law.

#### ARTICLE III - Address:

The mailing address and street address of the principal office of the Limited Liability Company is 32 Boston Court, Weston, Florida 33331.

#### ARTICLE IV - Registered Agent:

The name and address of the initial registered agent for this Limited Liability Company is Gregory J. Blodig. 100 W. Cypress Creek Road, Suite 700, Fort Lauderdale, Florida 33309.

#### ARTICLE V - Management:

The Limited Liability Company is to be managed by a manager or managers and the names and addresses of the initial managers who are to serve as managers are:

Michael Lohberg 32 Boston Court Weston, Florida 33331

Bruce Monaghan 32 Boston Court Weston, Florida 33331

Whereof, the undersigned member has executed these Articles the 23<sup>rd</sup> day of April, 2007.

Gregory J. Blodig! Authorized Representative of Member

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Fitness Nutrition, LLC

2. The name and address of the registered agent and office is:

Gregory J. Blodig 100 W. Cypress Creek Road, Suite 700 Fort Lauderdale, Florida 33309

INDI APR 23 A 9: 3:
SECRETARY OF STATE
TALLAHASSEF, ENDIR.

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Gregory J. Blodia O(Signature)

April 23, 2007 (Date)

G;\GB\10149\0007\ArtolOrganization.doc